## M190000/134

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/31/2019	
Name:	Merritt Walker	<del>-</del>
	1037532	_
	ADAPTIVE	PAYROLL, LLC
✓ Article	es of Incorporation/Authorization	to Transact Business
☐ Amer	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
Disso	lution/Withdrawal	
☐ Fictiti	ous Name	
Other		
Authorized A	Amount: \$เอร	
Signature: _	uw	

F: 800.944.6607

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.			Payroll, LLC					
(Name of Foreig	n Limited Liability	Company; must is	nclude "Limited Lia	bility Company	'," "L.L.C.," or "	·LLC.'')		
If name unavailable, enter alter lability Company," "L.L.C," of	mate name adopted	for the purpose o	f transacting busine	ss in Florida. T	he alternate name	e must include	"Limited	ł
	ware		3.		-2840974			
(Jurisdiction under the law of company is organized)	which foreign limi	ted liability		(FEI numbe	er, if applicable)			
4,		Upon Registrat				_		
	Date first to (See sections 6)	ansacted business 05.0904 & 605.09	in Florida, if prior t 05, F.S. to determin	o registration.) 1e penalty liabil	ity)			
5	800	Hingham St, Ste	2025-3			-		
		Rockland, MA 02				_		
	(Str	eet Address of Pri	ncipal Office)			7.0	<u> </u>	
6	800	Hingham St, Ste	2025-3	Outliester v. v.		- ES	2019	
		Rockland, MA 03	2370			<b>全</b> 當	JAN 31	7
		(Mailing Ad	ldress)	<u>-</u>		15.5	ယ	
7. Name and street address	of Florida registe	ered agent: (P.O	. Box <u>NOT</u> accep	otable)		říd Pe		ב ר
Name:	COGE	NCY GLOB	AL INC.	_		77 (77) (77)	2	ί.
Office Address:	115 North	Calhoun St	reet, Suite 4	_			7: 06	•
		Tallahasse	e	, Florida _	32301	_		
Registered agent's accepta		(City)			(Zip code)			
Having been named as reg designated in this application to complywith the provision accept the obligations of many the control of the control	on, I hereby acco	ept the appointment of the property of the pro	ent as registered roper and comple	agent and ag	ree to act in thi	is capacity. I	further	agree
•			ed agent's signature	:)		_		
8. The name, title or capac	city and address o	f the person(s) w	vho has/have auth	ority to manag	e is/are:			
•	Wall - Member		ST, STE 2025-3, Ro	_				
Mark (	Coriaty - Member	800 Hingham S	ST, STE 2025-3, Ro	ockland, MA 02	370			
9. Attached is a certificate of jurisdiction under the law of the translator must be su	of which it is orga							
	13 a	AN						
	- /~ / //	Signature o	f an authorized pers	son		-		
This document is executed submitted in a document to	in accordance wi	th section 605.02	203 (1) (b), Florid	a Statutes. I ar	n aware that an		nation	
			Brian Wall	•		-		
		Typed or pr	inted name of signe	e	·	_		

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADAPTIVE PAYROLL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAPTIVE PAYROLL, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

and corn delaware soviau

Authentication: 202165711

Date: 01-29-19

7190875 8300 SR# 20190580915

You may verify this certificate online at corp.delaware.gov/authver.shtml